

Schedule A - Renewal Agreement and Policy Statement

School Year 2017-2018

Provide current information for the 2017-2018 School Year Mark through incorrect information with a single line. Provide corrections.

District LEA: _____ District: _____
 Superintendent: _____ DUNS #: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 E-Mail: _____
 Emergency Contact: _____
 Emergency Contact Phone Number: _____

Child Nutrition Director: _____
 SSN: _____ ADE Certified: ☐
 Mailing Address: _____
 City, State Zip: _____
 Phone: _____ Ext: _____ Fax: _____
 E-Mail: _____

SY 2017-2018 District Totals

SafetyNet: ☐

of Schools: _____ Regular: _____ # of Serving Sites: _____ # of Schools w/ Breakfast: _____ # of Schools w/ Lunch: _____ # of Schools w/Afterschool Snack: _____
 Regular Summer: _____ # of Serving Sites: _____ # of Schools w/ Breakfast: _____ # of Schools w/ Lunch: _____ # of Schools w/Afterschool Snack: _____
 Seamless Summer: _____ # of Serving Sites: _____ # of Schools w/ Breakfast: _____ # of Schools w/ Lunch: _____ # of Schools w/Afterschool Snack: _____

School LEA: _____ School: _____

Principal: _____		Regular	Seamless	
Physical Address: _____	Programs			Prices
City, State Zip: _____	Breakfast:	<input type="checkbox"/>	<input type="checkbox"/>	Paid Reduced Adult
School Phone: _____	Severe Need:	<input type="checkbox"/>	<input type="checkbox"/>	
Grade Span: _____ Serving Site: <input type="checkbox"/> CEP: <input type="checkbox"/>	Lunch:	<input type="checkbox"/>	<input type="checkbox"/>	
Year Round School: <input type="checkbox"/> Provision 2: <input type="checkbox"/>	Afterschool Snack:			
Manager: _____	Area Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	
SSN: _____ ADE Certified: <input type="checkbox"/>	Non-Area Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	
Manager Phone: _____ Ext: _____				

Breakfast Menu Planning

PK ☐ K-05 ☐ K-08 ☐
 K-12 ☐ 06-08 ☐ 09-12 ☐

Lunch Menu Planning

PK ☐ K-05 ☐ 06-08 ☐
 K-08 ☐ 09-12 ☐

A= Grab/Go Cafeteria
 B= Grab/Go Not Cafeteria
 C= In Classroom
 D= 2nd Breakfast Period
 E= Other, Attach

☐ Alternative Breakfast

Type of Breakfast: _____

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If changes occur to the above information at any time during the school year, Please revise this form and submit it to the Child Nutrition Unit or send a letter with changes to The Child Nutrition Unit.

For District Child Nutrition Staff Only

Area Specialist: _____

Approved By: _____ Date: _____
District Child Nutrition Director Signature MM/DD/YY Menu Planner Signature (if different from CN Director)

For ADE Child Nutrition Staff Only

Approved By: _____ Date Approved: _____ Entered into Child Nutrition Database: _____ Entered into On-line Claims System: _____
Area Specialist Initials MM/DD/YY Database Entry Initials and Date Claims Entry Initials and Date